

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>D.D.</i>	<i>70200</i>	<i>20-24-99</i>
O.I.P.E. CLASSIFIER	<i>W.D.</i>	<i>45</i>	<i>6/28</i>
FORMALITY REVIEW		<i>65918</i>	<i>7-14-99</i>

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)..... Canceled A Appeal
 + Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	✓
2	✓	✓	✓
3	✓	✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here